

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-678)

10-810453

CLAIMS

AS FILED IND. DEP.	AFTER 1st AMENDMENT IND. DEP.		AFTER 2nd AMENDMENT IND. DEP.		AS FILED IND. DEP.	AFTER 1st AMENDMENT IND. DEP.		AFTER 2nd AMENDMENT IND. DEP.	
	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.
1					41				
2	/				42				
3	/				43				
4	/				44				
5	/				45				
6	/				46				
7	/				47				
8	/				48				
9	/				49				
10	/				50				
11	/				51				
12	/				52				
13	/				53				
14	/				54				
15	/				55				
16	/				56				
17	/				57				
18	/				58				
19	/				59				
20	/				60				
21	/				61				
22	/				62				
23	/				63				
24	/				64				
25	/				65				
26	/				66				
27	/				67				
28	/				68				
29	/				69				
30	/				70				
31	/				71				
32	/				72				
33	/				73				
34	/				74				
35	/				75				
36					76				
37					77				
38					78				
39					79				
40					80				
41					81				
42					82				
43					83				
44					84				
45					85				
46					86				
47					87				
48					88				
49					89				
50					90				
TOTAL IND.	12				91				
TOTAL DEP.	23				92				
TOTAL CLAIMS	35				93				